

Shipping May 11

Work Order ID 144655

\*144655\*

Page 1

Thursday, April 21, 2016 3:11:24 PM

Item ID: D350-689-021 Accept \*N900040100\* Setup Start \*NS1\*

Revision ID:

Item Name: Dual High-Back Seat Installation - Energy Attenuating Seat Compatible Stop \*NS2\*

Start Date: 5/9/2016 Start Qty: 1.00 \*1\* Cust Item ID:

Required Date: 5/11/2016 Req'd Qty: 1.00 \*1\* Customer:

Reference:

Approvals: Process Plan: *Em m* Date: *16/04/21* Tooling: Date:

QC: Date: SPC (Y/N): Date:

Run Start \*NR1\*

Stop \*NR2\*

| Sequence ID/<br>Work Center ID | Operation<br>Description                                         | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|------------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| <b>Draw Nbr</b>                | <b>Revision Nbr</b>                                              |                      |         |        |              |               |               |                  |                |
| IIN-D350-689                   | C                                                                |                      |         |        |              |               |               |                  |                |
| 100                            | Document Control                                                 | 0.00                 |         |        |              |               |               |                  |                |
| <b>*100*</b>                   | DOCUMENT CONTROL                                                 |                      |         |        |              |               |               |                  |                |
| DC                             | Memo                                                             | 0.00                 |         |        |              |               |               |                  |                |
| Doc.Control -USB or Paperwork  | Photocopy bluefile and create labels per PPP D350-689-021 CHG006 |                      |         |        |              |               |               |                  |                |
| 110                            | Pick Kit                                                         | 0.00                 |         |        |              |               |               |                  |                |
| <b>*110*</b>                   |                                                                  |                      |         |        |              |               |               |                  |                |
| Packaging                      | Memo                                                             | 0.00                 |         |        |              |               |               |                  |                |
| Packaging                      |                                                                  |                      |         |        |              |               |               |                  |                |
| 120                            | QC4- 100% Inspect kits for completeness                          | 0.00                 |         |        |              |               |               |                  |                |
| <b>*120*</b>                   |                                                                  |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                                             | 0.03                 |         |        |              |               |               |                  |                |
| Quality Control                |                                                                  |                      |         |        |              |               |               |                  |                |

MW 16-05-02

DAS  
28  
9-89

MAY 13 2016

DAS  
28  
9-89

APR 30 2016

DAS  
28  
9-89

MAY 13 2016

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |  |                                                 |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|--|-------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                               |  |  |                                                 |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |  | MRB (QSI042) Approval                           |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |  |  | Completed By                                    |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |  | Lead hand / Supervisor<br>Approval Verification |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |  | QC / QA Coordinator<br>Approval                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |  |                                                 |  |
| <b>Root Cause</b>                                            |                                                | <b>FAULT CATEGORY</b>                                                                                                                                                              |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |  |                                                 |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/>     |  |  |                                                 |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Outside Dimensions <input type="checkbox"/>   |  |  |                                                 |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Over/Under tolerance <input type="checkbox"/> |  |  |                                                 |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Incorrect <input type="checkbox"/>       |  |  |                                                 |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Part Lost/Missing <input type="checkbox"/>    |  |  |                                                 |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Part Moved <input type="checkbox"/>           |  |  |                                                 |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Drawing <input type="checkbox"/>              |  |  |                                                 |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Finish <input type="checkbox"/>               |  |  |                                                 |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Misread <input type="checkbox"/>              |  |  |                                                 |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Turning Sequence <input type="checkbox"/>     |  |  |                                                 |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                                                                                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |  |                                                 |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |  |                                                 |  |

**Work Order ID 144655**

Thursday, April 21, 2016 3:11:24 PM

**\*144655\***

Page 2

Item ID: D350-689-021

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Dual High-Back Seat Installation - Energy Attenuating Seat Compatible

Start Date: 5/9/2016 Start Qty: 1.00 **\*1\***

Cust Item ID:

Required Date: 5/11/2016 Req'd Qty: 1.00 **\*1\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                               | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number   | Insp.<br>Stamp |
|--------------------------------|--------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|--------------------|----------------|
| 130                            | Packaging                                              | 0.00                 |         |        |              |               |               |                    |                |
| <b>*130*</b>                   |                                                        |                      |         |        |              |               | <b>DAS</b>    | <b>MAY 13 2016</b> |                |
| Packaging                      | Memo                                                   | 0.00                 |         |        |              |               | <b>28</b>     |                    |                |
| Packaging                      | Identify and pack for shipping as per PPP D350-689-021 |                      |         |        |              |               | <b>9-88</b>   |                    |                |
|                                | Location: _____                                        |                      |         |        |              |               |               |                    |                |
|                                | PPP Rev: _____                                         |                      |         |        |              |               |               |                    |                |
| 140                            | QC21- Final Inspection - Work Order Release            | 0.00                 |         |        |              |               |               |                    |                |
| <b>*140*</b>                   |                                                        |                      |         |        |              |               |               | <b>MAY 13 2016</b> |                |
| QC                             | Memo                                                   | 0.10                 |         |        |              |               |               |                    |                |
| Quality Control                |                                                        |                      |         |        |              |               |               |                    |                |

**MAY 13 2016**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                 |                          |                                                            |                                                                                                                                                     |                                                |            |  |  |  |                |  |  |  |                                      |                          |                                             |                                          |                          |                                           |                          |                                           |                                 |                          |                                   |                                  |                          |                                 |                          |                                        |                                   |                          |                                       |                                                |                          |                                    |                          |                                |                                        |                          |                                   |                                 |                          |                                               |                          |                               |                                       |                          |                                   |                                                 |                          |                                                            |                          |                                             |                                   |                          |                                          |                                |                          |                                        |                          |                                          |                                             |                          |                                           |                                   |                          |                                      |                          |                                  |                                           |                          |                                  |                                     |                          |                                        |                          |                                     |                              |                          |                                              |                                             |                          |                                                          |                          |                                       |                                     |                          |                                              |                                        |                          |                                      |                          |                                                |                                           |                          |                                                |               |  |  |  |  |                                        |                          |                                   |
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--------------------------|----------------------------------------------------------|--------------------------|---------------------------------------|-------------------------------------|--------------------------|----------------------------------------------|----------------------------------------|--------------------------|--------------------------------------|--------------------------|------------------------------------------------|-------------------------------------------|--------------------------|------------------------------------------------|---------------|--|--|--|--|----------------------------------------|--------------------------|-----------------------------------|
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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                                                                                                                                                                                                         |                                                 | QTY Effective : _____    |                                                            | MRB (QS1042) Approval<br><br><br>Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |                                                |            |  |  |  |                |  |  |  |                                      |                          |                                             |                                          |                          |                                           |                          |                                           |                                 |                          |                                   |                                  |                          |                                 |                          |                                        |                                   |                          |                                       |                                                |                          |                                    |                          |                                |                                        |                          |                                   |                                 |                          |                                               |                          |                               |                                       |                          |                                   |                                                 |                          |                                                            |                          |                                         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| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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                |                                                          |                          |                                       |                                     |                          |                                              |                                        |                          |                                      |                          |                                                |                                           |                          |                                                |               |  |  |  |  |                                        |                          |                                   |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: left; padding: 5px;">Root Cause</th> <th colspan="4" style="text-align: left; padding: 5px;">FAULT CATEGORY</th> </tr> <tr> <td style="width: 15%; padding: 5px;">Environment <input type="checkbox"/></td> <td style="width: 15%; padding: 5px;"><input type="checkbox"/></td> <td style="width: 15%; padding: 5px;">No Re-verification <input type="checkbox"/></td> <td style="width: 15%; padding: 5px;">Pressure/Forced <input type="checkbox"/></td> <td style="width: 15%; padding: 5px;"><input type="checkbox"/></td> <td style="width: 15%; padding: 5px;">Temperature/Cure <input type="checkbox"/></td> <td style="width: 15%; padding: 5px;"><input type="checkbox"/></td> <td style="width: 15%; padding: 5px;">Power Loss/Surge <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Design <input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">Operator <input type="checkbox"/></td> <td style="padding: 5px;">Bending <input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">Set-up <input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">Folio/Program <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Doc/Data <input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">Offset/Setup <input type="checkbox"/></td> <td style="padding: 5px;">Centre Not Concentric <input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">BOM/Route <input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">Grain <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Equip/Tooling <input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">Supplier <input type="checkbox"/></td> <td style="padding: 5px;">Cracks <input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">Broken/Damage/Defect <input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">Weld <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Handling/Pre <input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">Training <input type="checkbox"/></td> <td style="padding: 5px;">Crimp/Kink/Ripple/Wave <input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">Inspection Incomplete/Unqualified <input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">Wrong Stock Pulled <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Material <input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">Use for Testing <input type="checkbox"/></td> <td style="padding: 5px;">Cuffs <input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">Contamination <input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">Out of Sequence <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Internal Transport <input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">Poor Information <input type="checkbox"/></td> <td style="padding: 5px;">Crushing <input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">Countersink <input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">Off-set <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Tribal Knowledge <input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">Rushing <input type="checkbox"/></td> <td style="padding: 5px;">Heat Treat <input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">Cut Too Short <input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">Mislabeled <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">LOA <input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">Product Improvement <input type="checkbox"/></td> <td style="padding: 5px;">Wave/Twist in Tube <input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">Instructions Incomplete/Unclear <input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">Fit/Function <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Substation <input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">Process Improvement <input type="checkbox"/></td> <td style="padding: 5px;">Marks/Chatter <input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">Drill Holes <input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">Misaligned/off center <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Past Expiry Date <input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">Manufacturing Process <input type="checkbox"/></td> <td colspan="5" rowspan="2" style="padding: 5px; vertical-align: top;">OTHER : _____</td> </tr> <tr> <td style="padding: 5px;">Misidentified <input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">Past Due <input type="checkbox"/></td> </tr> </table> |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                          |                                                            |                                                                                                                                                     |                                                | Root Cause |  |  |  | FAULT CATEGORY |  |  |  | Environment <input type="checkbox"/> | <input type="checkbox"/> | No Re-verification <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/> | <input type="checkbox"/> | Temperature/Cure <input type="checkbox"/> | <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/> | Design <input type="checkbox"/> | <input type="checkbox"/> | Operator <input type="checkbox"/> | Bending <input type="checkbox"/> | <input type="checkbox"/> | Set-up <input type="checkbox"/> | <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Doc/Data <input type="checkbox"/> | <input type="checkbox"/> | Offset/Setup <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | <input type="checkbox"/> | Grain <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | <input type="checkbox"/> | Supplier <input type="checkbox"/> | Cracks <input type="checkbox"/> | <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | <input type="checkbox"/> | Weld <input type="checkbox"/> | Handling/Pre <input type="checkbox"/> | <input type="checkbox"/> | Training <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Material <input type="checkbox"/> | <input type="checkbox"/> | Use for Testing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | <input type="checkbox"/> | Contamination <input type="checkbox"/> | <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Crushing <input type="checkbox"/> | <input type="checkbox"/> | Countersink <input type="checkbox"/> | <input type="checkbox"/> | Off-set <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | <input type="checkbox"/> | Rushing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | LOA <input type="checkbox"/> | <input type="checkbox"/> | Product Improvement <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Substation <input type="checkbox"/> | <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | OTHER : _____ |  |  |  |  | Misidentified <input type="checkbox"/> | <input type="checkbox"/> | Past Due <input type="checkbox"/> |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| Environment <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| Design <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| Doc/Data <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Equip/Tooling <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Handling/Pre <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Material <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Internal Transport <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Tribal Knowledge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| LOA <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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                                                                                                                                                                                                         | Wave/Twist in Tube <input type="checkbox"/>     | <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/>   | <input type="checkbox"/>                                                                                                                            | Fit/Function <input type="checkbox"/>          |            |  |  |  |                |  |  |  |                                      |                          |                                             |                                          |                          |                                           |                          |                                           |                                 |                          |                                   |                    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| Substation <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                                                                                                                                                                                         | Marks/Chatter <input type="checkbox"/>          | <input type="checkbox"/> | Drill Holes <input type="checkbox"/>                       | <input type="checkbox"/>                                                                                                                            | Misaligned/off center <input type="checkbox"/> |            |  |  |  |                |  |  |  |                                      |                          |                                             |                                          |                          |                                           |                          |                                           |                                 |                          |                                   |                    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| Past Expiry Date <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| Misidentified <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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# Picklist Print

Thursday, April 21, 2016 3:11:34 PM

Page 1

Work Order ID: 144655

**\*144655\***

Parent Item: D350-689-021

**\*D350-689-021\***

Parent Item Name: Dual High-Back Seat Installation - Energy Attenuating Seat Compatible

Start Date: 5/9/2016

Required Date: 5/11/2016

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev:A 08-12-23 new issue DD verified by: LL 08.12.24 IPP  
Rev:B chg002 DD 10.02.12 verified by:JLM IPP Rev:C  
chg004 DD 11.09.28 verified by:JLM IPP Rev:D 12.01.12  
now @ CHG005 (ecn12-501) DD VERF:EC

| Component Item ID/<br>Item Name                                  | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued   | Status |
|------------------------------------------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|------------------|--------|
| D350-689-023                                                     |                        | Manufactured  | No          |                     |                  | 110             | Each               | 0.0000         | 1           | 1            |               |                  |        |
| <b>*D350-689-023*</b>                                            |                        |               |             |                     |                  |                 |                    |                | <b>**</b>   | 144657       |               |                  | SV     |
| Floor Provisions Energy Attenuating Seat Compatible              |                        |               |             |                     |                  |                 |                    |                |             |              |               |                  |        |
| D350-689-043                                                     |                        | Manufactured  | No          |                     |                  | 110             | Each               | 0.0000         | 1           | 1            |               |                  |        |
| <b>*D350-689-043*</b>                                            |                        |               |             |                     |                  |                 |                    |                | <b>**</b>   | 144679       |               |                  | SQ     |
| Dual High Back Seat Assembly- Energy Attenuating Seat Compatible |                        |               |             |                     |                  |                 |                    |                |             |              |               |                  |        |
| D3018-1                                                          |                        | Manufactured  | No          |                     |                  | 110             | Each               | 3.0000         | 1           | 1            |               |                  |        |
| <b>*D3018-1*</b>                                                 |                        |               |             |                     |                  |                 |                    |                | <b>**</b>   |              |               | DAS<br>6<br>9-89 |        |
| Seat Cushion                                                     |                        |               |             |                     |                  |                 |                    |                |             |              |               |                  |        |

| Location | Loc Qty | Loc Code |
|----------|---------|----------|
| ST415    | 3       |          |
|          | 1       | 132179   |
|          | 2       | 140544   |

DAS  
28  
9-89

D3019-1 Manufactured No

**\*D3019-1\***

Back Cushion

| Location | Loc Qty | Loc Code |
|----------|---------|----------|
| ST415    | 3       |          |
|          | 1       | 132180   |
|          | 2       | 140545   |

DAS  
28  
9-89

DAS  
6  
9-89

APR 30 2016

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                 |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------|-------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                               |  |                       |                                                 |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  | MRB (QSI042) Approval |                                                 |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |  |                       | Completed By                                    |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       | Lead hand / Supervisor<br>Approval Verification |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       | QC / QA Coordinator<br>Approval                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                 |  |
| <b>Root Cause</b>                                            |                                                | <b>FAULT CATEGORY</b>                                                                                                                                                              |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                 |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/>     |  |                       |                                                 |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Outside Dimensions <input type="checkbox"/>   |  |                       |                                                 |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Over/Under tolerance <input type="checkbox"/> |  |                       |                                                 |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Part Incorrect <input type="checkbox"/>       |  |                       |                                                 |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Lost/Missing <input type="checkbox"/>    |  |                       |                                                 |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Part Moved <input type="checkbox"/>           |  |                       |                                                 |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Drawing <input type="checkbox"/>              |  |                       |                                                 |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Finish <input type="checkbox"/>               |  |                       |                                                 |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Misread <input type="checkbox"/>              |  |                       |                                                 |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Turning Sequence <input type="checkbox"/>     |  |                       |                                                 |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                                                                                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                 |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                 |  |